



Hampton Sheriff's Office

Questionnaire for Applicant Background Check

REQUIREMENTS FOR EMPLOYMENT:

- ◆ Be at least 21 years of age
- ◆ Be a United States citizen
- ◆ Have a high school diploma or a GED equivalency certificate
- ◆ Have a valid Virginia driver's license and have no more than a minus 2 (-2) points on driving record
- ◆ Have an Honorable Discharge (if applicant is a veteran of the Armed Forces)
- ◆ Successful completion of a physical examination, to include a urinalysis for drug screening
- ◆ Successful completion of a rigorous physical fitness test, to include an agility portion
- ◆ Successful completion of a thorough background investigation, including a polygraph examination
- ◆ Successful completion of a written examination (meeting minimum requirements, to include reading, comprehension, and math portions)
- ◆ Must agree to all conditions of and sign an employment contract requiring reimbursement for training and uniform expenses if conditions are not met

DISQUALIFIERS:

- ◆ Criminal Record:
 - * Conviction of any felony
 - * Conviction of any offense involving moral turpitude (i.e., larceny, embezzlement, perjury, etc.)
 - * Conviction of any misdemeanor crime of domestic violence as defined in Title 18 Federal Code
- ◆ Drug Usage:
 - * Substantiated use or illegal act involving the use of any narcotic, controlled substance, or dangerous drug, as defined by Federal and/or State law
 - * Any use of marijuana and/or hashish within the past twelve (12) months after submitting most recent application for the position
- ◆ Military Service Record (if applicable):
 - * Dishonorable or Bad Conduct Discharge from military service
 - * Poor military service record, i.e., article 15, absent without leave, etc. (may be reviewed on a case by case basis)

INSTRUCTIONS:

- ♦ All questions must be answered completely. If not applicable, please indicate by writing N/A in space provided.
- ♦ If space provided is insufficient for complete answers, or additional information is to be offered, please attach sheets of the same size as the application packet and refer to the question.
- ♦ Return completed application to the Hampton Sheriff's Office and include the following:
 - *City of Hampton application
 - *Authorization for Release of Information and Agility Test Form (**must be notarized!**)
 - *EEO Applicant Information Form (completion is optional)
 - *Copy of high school diploma or G.E.D. certificate
 - *Copy of Military Discharge DD214 (if applicable)
 - *Copy of valid driver's license and Social Security Card
 - *Three letters of recommendation, including name, address, and day/evening telephone numbers (persons should not be related to applicant)
 - *Virginia Department of Motor Vehicles driving record
- ♦ Any willful omission or misrepresentation of fact on this application may invalidate the application and any appointment to a position with the Hampton Sheriff's Office.

DUTIES FOR CORRECTIONAL DEPUTY POSITION:

- ♦ Assist in receiving new inmates to include: visual and body searches, showering and issuing of jail clothing and other personal items
- ♦ Maintain cells and premises in a constant state of cleanliness and order, utilizing inmate labor
- ♦ Prepare inmates for court appearances and receive them back into population
- ♦ Maintain constant security of the correctional facility by monitoring and supervising inmate activities and facility operations
- ♦ Supervise the internal movement of inmates, to include visitation and feeding
- ♦ Transport inmates when and where needed
- ♦ Participate in inmate due process and administrative hearings
- ♦ Assist in courtroom security functions
- ♦ Operate office equipment as necessary
- ♦ Perform any other duties as designated by the Sheriff

AGILITY TEST REQUIREMENTS:

- ♦ 175 lb Weight Drag (30' Distance)-----20 seconds
- ♦ Handgun Trigger Pull Test-----12 times per hand @ 12 seconds each
- ♦ 1/4 Mile Run (440 yards)-----1 minute, 40 seconds
- ♦ Running Broad Jump-----6 feet
- ♦ Wall Scale-----15 seconds

SECTION 1. Personal Information

Position applying for: _____ Date: _____

Name (First, MI, Last): _____ SSN: _____

Other names used: (maiden names, former names changed legally or otherwise, aliases: _____

Present Address: _____

City: _____ State: _____ Zip: _____ U.S. Citizen: ☐ Yes ☐ No

Telephone (home): _____ Telephone (work): _____

Sex: _____ Height: _____ Weight: _____ Date of Birth: _____

Vehicle Operator's License Number: _____ Expiration: _____

Selective Service Number: _____

SECTION 2. Military Service

Have you ever been a member of the Armed Forces, U.S. or Foreign? _____

Branch of Service: _____ Service Number: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: _____ Place of Discharge: _____

Rank upon Entry: _____ Rank upon Discharge: _____

List any disciplinary actions (ARTICLE 15s, COURT MARTIALS, etc.):

Date	Command	Location	Nature of Charge	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 3. Family InformationPresent Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse Name: _____ SSN: _____

Address: _____ City: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Place of Employment: _____

Business Address: _____

Occupation: _____ Business Phone: _____

If separated or divorced, give date, name & location of court granting the decree: _____

Child Information (all children and/or stepchildren)

Name

Age

List the names, ages and relationships of any additional persons living with you:

Name

Age

Relationship

Extended Family Information

Father's Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

Address: _____ Occupation: _____

Name	Age	Address	Occupation

[illegible]

SECTION 5. Employment Experience

List all jobs you have held in the past ten years beginning with your current or most recent position. Please include military service, part-time jobs and any periods of unemployment. Attach additional sheets, if necessary.

<u>From:</u> _____ <u>To:</u> _____	<u>Starting</u> _____ <u>Ending</u> _____
Dates of Employment (Mth/Yr)	Title of Position
Salary or Earnings	

Name and Address of Employer (include state and zip code)	Name/ Title of Supervisor
---	---------------------------

Area Code & Phone No.	Reason for Leaving
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<u>From:</u> _____ <u>To:</u> _____	<u>Starting</u> _____ <u>Ending</u> _____
Dates of Employment (Mth/Yr)	Title of Position
Salary or Earnings	

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<u>From:</u> _____ <u>To:</u> _____	<u>Starting</u> _____ <u>Ending</u> _____
Dates of Employment (Mth/Yr)	Title of Position
Salary or Earnings	

Name and Address of Employer (include state and zip code)	Name/ Title of Supervisor
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Area Code & Phone No.	Reason for Leaving
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SECTION 4. Education & Skills

List all high schools, colleges, universities, professional and trade schools attended. Please provide dates of attendance, name of institutions, locations, courses of instruction, and, if applicable, graduation dates and degrees or diplomas received:

From	To	School	Location	Type of Degree/Diploma	Graduation Date
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have typing and/or keyboarding skills? ☐Yes ☐No If yes, how many words per minute? _____

List any other office equipment/computers that you use proficiently (please include software): _____

Do you have any special training, or hold any special licenses, certifications or permits? ☐Yes ☐No. If yes, please explain:

List any clubs, social or fraternal organizations, professional or trade unions or associations to which you currently belong or have belonged:

Have you ever applied for employment with any fire, rescue or law enforcement agency/department? ☐Yes ☐No. If yes, please provide date, agency, location, and status of application: _____

Do you have any relatives, friends or acquaintances employed by any law enforcement, fire or rescue agency or department ? ☐Yes ☐No. If yes, please complete section below:

Name	Agency	Position
------	--------	----------

_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 6. Legal History

Have you ever been convicted in any court of law of any criminal charge whether felony or misdemeanor?

☐ Yes ☐ No

Have you ever been arrested or charged with any criminal offense? ☐ Yes ☐ No

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act?

☐ Yes ☐ No

Have you ever been required to furnish bail or bond for an appearance in any court of law? ☐ Yes ☐ No

Have you ever received a ticket or summons for any violation of traffic laws? ☐ Yes ☐ No

****If the answer to any of the above questions is yes, please explain below in detail; giving date, place, charge and final disposition in each case.**

DATE

PLACE

CHARGE

FINAL DISPOSITION

To your knowledge, has any member of your family ever been arrested for a criminal offense? ☐ Yes ☐ No

If so, please explain below:

Have you ever been the **victim** of any criminal act which was reported to legal authorities? ☐ Yes ☐ No

If so, please explain below:

Have you ever used or experimented with any illegal drug or substance, such as, but not limited to (Check all that apply):

☐ Marijuana ☐ Heroin ☐ LSD ☐ Speed ☐ Cocaine ☐ Hashish ☐ PCP ☐ None

List any other drug, narcotic or hallucinogen, used: _____

If there was a positive response to any of the above, please describe the circumstances:

First Time Used

Last Time Used

Extent of Frequency

SECTION 7. Financial History

Are you currently meeting your financial obligations? ☐Yes ☐No

Have you ever been contacted by a collection agency in reference to any outstanding, unpaid debts? ☐Yes ☐No

Have you ever been declared officially bankrupt? ☐Yes ☐No If so, give the date, name and location of court ____

List your current indebtedness (including rent, mortgage, loans, credit cards, etc.):

Amount

To Whom owed

Monthly payment

Item(s) purchased

Use this space to continue answers to any previous questions. Please be sure to note the question being answered.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

SECTION 8. Career Goals

Do you plan to make a career of your employment with the Hampton Sheriff's Office? ☐Y ☐N Please explain your answer, in your own handwriting. **(Note: A "no" answer will not preclude you from being considered for employment.)**

SECTION 9. Affidavit

I hereby certify that all statements contained in this questionnaire for employment with the Hampton Sheriff's Office are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein. I authorize the Hampton Sheriff's Office and its agents to conduct a complete and comprehensive investigation into my background for the purposes of determining my fitness for service in that office. I also understand that my omission or misstatement of material facts may be grounds for rejection of my application or of dismissal from the employment at the Hampton Sheriff's Office.

DATE

APPLICANT'S FULL SIGNATURE

Hampton Sheriff's Office

Agility Test Form

Applicant Name: _____ Age: _____ Sex: ☐ M ☐ F

Date: ____/____/____ Make-up Date: ____/____/____ Test: ☐ Pass ☐ Fail

In consideration of being permitted to complete the application requirements for employment as a Correctional Officer with the Hampton Sheriff's Office by taking the physical agility test, the undersigned hereby releases the Hampton Sheriff's Office and all of its employees and agents, of and from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the undersigned as a result of taking the said agility test.

The undersigned, being duly aware of the physical exertion, risks and hazards involved in taking the said agility test, hereby elects voluntarily to take it, and voluntarily assumes all risks of loss, damage, or injury, including death that may be sustained as a result thereof.

In signing this release, the undersigned acknowledges and represents that he/she has read the foregoing, understands it, and signs it voluntarily, and that he/she is 21 years of age and of sound mind.

Applicant: _____ Witness: _____

State of _____ City of _____

Subscribed and Sworn before me this _____ day of _____, 19____.

"My commission expires: _____, 19____."

Applicant's Name: _____
Last First Middle Initial

Written Examination: ☐Pass ☐Fail Date administered: _____

Agility Test: ☐Pass ☐Fail Date administered: _____

Polygraph Test: ☐Pass ☐Fail Date administered: _____

Interview Board: ☐Pass ☐Fail Date administered: _____

Interview w/ Jail Administrator ☐Pass ☐Fail Date attended: _____

Results: _____

Physical examination: ☐Pass ☐Fail Date administered: _____

Hired: ☐Pass ☐Fail Start Date: _____

Comments: _____

